

Volunteer Application

Name: Mr/Mrs/Ms (circle)	Today's Date:		
Local Address:	Months Available:		
(Street or P.O. Box)			
(City) (State) (Zip Code)	Day(s) of Week Available (circle)		
(Enty) (State) (Zip Code)	Su M Tu W Th F Sa		
Local Telephone: ()			
Email Address:	Preferred Time of Day: AM PM		
Summer Address:	Age:		
(Street or P.O. Box)			
(City) (State) (Zip Code)			
Summer Telephone: ()	Cellular Phone		
Volunteer Positions			
Check the positions that interest you.			
Visitor Center Desk Litter Patrol	Biological Support		
Roving Interpreter Photographer	Answer Telephone		
Program Interpreter Maintenance Ass	st Tour Guide		
School Program Assistant Clerical Assistan	nt Other		
Skills/Background			
Check any below that are applicable:			
Dealing With People Photog	graphy Video		
1	Computer prog Plumbing		
•	Carpentry Web Site		
	Tractor Operator General Building Maintenance		
1 caching/Education Genera	ai Dunuing Maintenance		
Bird IdentificationBeginner,Intermediate	e,Advanced		
Other (please specify)			

1. What position(s) have you held both professionally and as a volunteer?

- •
- •
- •
- •

•

Return this application to:

Refuge Volunteer Coordinator J. N. "Ding" Darling National Wildlife Refuge One Wildlife Drive Sanibel, FL 33957 (239) 472-1100, Ext. 222

J. N. "Ding" Darling National Wildlife Refuge

Volunteer Services Agreement for Natural Resources Agencies for Individuals or Groups						
Please print when completing this for	orm					
Site Name/Project Leader		Agency		Reimbursement (if any)		
Name of Volunteer or Group Leade	r – Last, First, Middle	Age (If Individual Agreement) Under 18 18-25 26-55		5		
Are you a U.S. Citizen? ☐ Yes ☐ No Visa Type	Email Address	Home Phone	Mob	ile Phone		
Street Address		City	State	Zip		
IF VOLUNTEER IS UNDER AGE 1 Guardian	8 – Name of Parent or Legal	Home Phone	Mobile Phone	Email Address		
Street Address		City	State	Zip		
I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission for						
	ate) (Parent/G	uardian Signature)		(Date)		
Emergency Contact Name / Relation	nship	Home Phone	Mobile Phone	Email Address		
Street Address		City	State	Zip		
GOVERNMENT OFFICIAL COMPLETES THIS SECTION						
Description of service to be performed. Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 19.						
Government Vehicle required? Yes No Valid State Driver's License International Driver's License Personal Vehicle to be used? Yes No No NoT keep a copy of the document for his/her file.						

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party. I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties. I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws. I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true: ☐ I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to (Name of Agency Official) I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines. (Signature of Volunteer) (Date) The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation to the extent not covered by your volunteer group, if any. (Signature of Government Representative) (Date) **Termination of Agreement** Volunteer requests formal evaluation ☐ Yes ☐ No **Evaluation Completed** (Date) Agreement terminated on (Date) (Signature of Government Representative)

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) and U.S. Department of the Interior (USDI) prohibit discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.

Privacy Act Statement

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed.

J. N. "Ding" Darling National Wildlife Refuge

USFWS Volunteer Safety Rules

The purpose of these rules is not to restrict the rights of anyone, but to define and protect the rights of all and ensure the cooperation of everyone. Violation may be sufficient grounds for termination of the agreement between the U. S. Fish and Wildlife Service and the volunteer.

No volunteer will be permitted to work under the influence of intoxicants or narcotics.					
No volunteer will carry firearms, dangerous weapons, fireworks, or intoxicants of any nature on Federal property.					
No volunteer is to operate any defective equipment. If you suspect defective equipment, report it to the Refuge Volunteer Coordinator immediately.					
No volunteer is to remove any safety guards from equipment, nor use the equipment without its safety guards in place. Proper safety protection must be worn when operating equipment that requires protection.					
Horseplay and fighting are prohibited.					
Walk, do not run, except when an emergency situation requires speed.					
Tools will be transferred hand-to-hand from one person to another, or by suitable rope or cable. Tools will not be thrown or dropped to each other.					
No volunteer will operate Service vehicles without and without possessing a valid state driver's licen subject to a driving history check.					
Volunteers under the age of 18 will not perform hazardous work projects. Adult volunteers will not perform hazardous duties unless safety instruction has been received and the volunteer is informed of proper measures to ensure safety.					
Volunteers must report all personal injuries immediately to the Refuge Volunteer Coordinator or Service Staff member supervising the project.					
Volunteers will comply with all other safety rules o	f the Refuge.				
Volunteer Coordinator Signature	Date				
 Volunteer Signature	 Date				